

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	FM	7091	8/3
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	W. M	869	09/20/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	2/10/00
2	2/10/00
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy